DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10945

State File No.

FILED APR 15 1943

Registration District No. 241

Primary Registration District No. 4359

Registrar's No. 54

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Point Pleasant
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 24 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid 72

(c) City or town Point Pleasant
(If outside city or town limits, write "RURAL")

(d) Street No. None
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country Citizen of U.S.A.

3. (a) PRINT FULL NAME Robert Allen Madry

3. (b) If veteran, name war No.

3. (c) Social Security No. 491-18-4398

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sallie Madry

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased December (Month) 5, (Day) 1870 (Year)

8. AGE: Years 72 Months 2 Days 19 If less than one day ___ hr. ___ min.

9. Birthplace Louisville, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sallie Madry
(b) Address Point Pleasant, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 25, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Portageville, Mo.

18. (a) Signature of funeral director J. L. LaForge
(b) Address Caruthersville, Mo.

19. (a) Mar 31 (Date received local registrar) (b) Edith Largent (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 24 year 1943 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from Feb., 12, 1943 to Feb., 24, 43, 19__; that I last saw him alive on Feb., 24, 1943, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Arteriosclerosis
Endocarditis with mitral insufficiency

Due to Nephritis

Other conditions Dropsy
(Include pregnancy within 3 months of death)

Major findings:
Of operations
No
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature A. A. Reeder (M. D. or other)

Address Portageville, Mo Date signed 3/26-43

1187

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 448-43
Date Filed 42-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... , Registered Apprentice No. ..... , working under my personal supervision. Was not Embalmed

Signed J. L. La Forge

Licensed Embalmer No. 3082

P. O. Address Cantherville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
-8-21-41
X29288

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BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10945

Registration District No. 241 Primary Registration District No. 4359 Registrar's No. 54

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Point Pleasant
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Robert A Madry

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec (Month) 5 (Day) 1870 (Year)

8. AGE: Years 72 Months 2 Days 19 If less than one day hr. min.

9. Birthplace (City, town, or county) Ky (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from
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that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to arteriosclerosis
Endocarditis with mitral

Due to insufficiency
nephritis

Other conditions
(Include pregnancy within 3 months of death)
None

Major findings:
Of operations

Of autopsy No

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

830

22. If death was due to external causes, fill in the following:

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(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature A. A. Reeder (M. D. or other)

Address Portageville, Mo. Date signed June, 12/43

SUPPLEMENTARY

S-10945